

## Policy: Impaired Practitioner/Impaired Symptoms

<b>DEPARTMENT SPECIFIC: Only affects one department.</b>							
<b>Folder</b>	Medical Staff Services			<b>Sub-Folder (If Applicable)</b>	n/a		
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### **PURPOSE:**

To promote the well-being of practitioners and ensure safe patient care.

### **GUIDELINES:**

This policy is designed to detect a behavioral, physical, or substance abuse health problem, to intervene into the situation that may interfere with quality patient care, and to promote rehabilitation of impaired practitioners.

The Medical Staff recognizes alcohol and chemical abuse, psychiatric or emotional illness, and physical impairments as diseases and believes that practitioners are susceptible to these illnesses in such a manner that may affect their ability to function at optimal levels. Since these diseases of impairment can be successfully treated, it is the policy of Medical Staff to deal with the impaired practitioner in the same manner as practitioners who are treated for other illnesses. This is relevant to such matters as retention of hospital privileges and medical staff membership.

An electronic copy of this Policy and Procedure and **Appendix A**, "Practitioner Impairment Signs & Symptoms" will be available to all applicants for Medical Staff, Limited Health Practitioner (including Advanced), or Physician Paramedical Employee status at the time of initial appointment or granting of privileges and ongoing at the SoutheastHEALTH Medical Staff Guidelines website:

<https://www.sehealth.org/healthcare-professionals/for-physicians/medical-staff-guidelines>.

The following definitions describe terms used within this policy:

**Impaired Practitioner:** An impaired practitioner is one whose behavior has been affected by alcohol, chemicals, psychiatric or emotional illness, or physical illness that interferes with the practitioner's ability to function competently.

Drug, Chemical, or Substance Abuse: By drug, chemical, or substance abuse is meant the inappropriate, excessive, or illicit use of any over-the-counter medication, any prescription medication, any illegal or unprescribed chemical substance, any alcoholic beverage, or any substance causing adverse and/or inappropriate psychological behavior.

Drug-Related Misconduct: Drug-related misconduct includes, but is not limited to, possession and/or illegal distribution of drugs in such a manner that adversely affects the practitioner's performance, his/her own safety, or the safety of others; or such behavior as a result of the use of prescribed or unprescribed medication.

Missouri Physicians' Health Program (MPHP): The MPHP is the impaired physician's program for healthcare practitioners in Missouri, sponsored by the Missouri State Medical Association.

Physician Health Program (PHP): The PHP is the impaired physician's program for healthcare practitioners in Missouri, sponsored by the Missouri Association of Osteopathic Physicians and Surgeons.

Dental Well Being Foundation (DWBF): The DWBF exists to promote a healthy dental professional, dental team and their families by providing education, resources and support. The Voluntary Wellness Program (VWP), as part of the DWBF, exists to meet the treatment needs of the dental professional. The DWBF and Well Being Program work together to focus on wellness and recovery.

Intervention: An intervention is an organized confrontation with a group of concerned, trained individuals and a potentially impaired practitioner, for the purpose of motivating that practitioner to accept evaluation and treatment for an illness. Membership of the intervening team (the Physician Health Committee) is detailed in the Organizational Manual. Other team members may be recruited at the discretion of these appointed members.

Evaluation: An evaluation is an assessment of the impaired practitioner performed by a professional and/or a treatment facility or center outside the Hospital.

Treatment: Treatment is the process through which the practitioner is assisted to recognize and to change behavior patterns contributing to the impairment. Treatment may range from individual counseling or psychotherapy to inpatient or outpatient hospitalization.

Monitoring: Monitoring of an impaired practitioner will be done by the Missouri Physicians' Health Program or the MAOPS Physician Health Program. Regular reports about the practitioner's compliance with his/her agreement with the MPHP or PHP and progress in recovery will be communicated to the President of the Medical Staff or his/her designee.

Advocacy Agreement: The MPHP or PHP's Advocacy Agreement will be utilized in the return to practice of all practitioners who have undergone intervention. This advocacy agreement outlines a structured

program from intervention through recovery for the affected practitioner. This agreement is considered a binding agreement between MPHP or PHP, the Hospital or Medical Staff, and the Practitioner.

**PROCEDURE (PHYSICIAN HEALTH COMMITTEE):**

Notification: In the event that any physician, nurse, hospital employee, or other individual has information regarding a potentially impaired practitioner on the Medical Staff, Limited Health Practitioner Staff, or Physician Paramedical Staff, a report of the complaint, allegation, or concern for patient safety should be made to the President of the Medical Staff or the Vice President/Chief Medical Officer. A potentially impaired practitioner may also personally request his/her own referral to the Committee for intervention. The person notified will have the responsibility to notify the other Committee members.

Investigation and Initial Action: Within 10 days of receipt of the report, an investigation will be conducted by the Physician Health Committee of the Medical Staff to determine the validity of the report. If the investigation reveals that impaired practice or performance exists, or is likely to exist, immediate steps will be taken by the President of the Medical Staff or his/her designee to protect the affected practitioner's patients. The Missouri Physicians' Health Program, Physician Health Program, or Dental Well Being Foundation, as applicable, will be notified immediately for further intervention. An intervention plan will be developed. The DWBF, MPHP or PHP will decide who will lead the intervention, what options will be provided to the impaired practitioner, and who will be the "escort" person assigned to the impaired practitioner. If the evaluation reveals that there is no merit to the report, the report will be destroyed.

Documentation: Careful and complete documentation of all steps taken will be maintained by the Physician Health Committee of the Medical Staff. All records shall be kept in a designated locked place in the Quality Management Office. Only the Physician Health Committee shall have access to this information. These records will not be stored with the practitioner's personnel, credentials, or peer review files. Physician Health Committee minutes will be retained according to the Records Storage Retention and Destruction Policy.

Intervention: In that the Physician Health Committee and the DWBF, MPHP or PHP's staff determine that there is probable impairment, an intervention will be coordinated and performed by the DWBF, MPHP or PHP's staff and all persons deemed necessary for the intervention. Immediately following the intervention, the Chair of the Physician Health Committee may write a summary position letter outlining the actions of the Committee, the benefits of complying with the DWBF, MPHP or PHP and its Advocacy Agreement, and the risks incumbent upon the impaired practitioner if he/she fails to comply with the DWBF, MPHP or PHP. The practitioner will be asked to voluntarily submit to an evaluation and to follow recommendations made by the treating professional, the treatment facility, and the DWBF, MPHP or PHP's staff. A letter of confirmation of participation in a treatment program (if applicable) and/or enrollment in the applicable program will be placed with other

documentation in the location described above. The practitioner may be asked, if deemed necessary by the Chair of the Physician Health Committee, to provide a written response as to his/her intentions regarding the impairment and/or intervention. As a part of the written response, the practitioner should request a medical leave of absence in order to seek the recommended assistance. The Chief Medical Officer may request a medical leave of absence on the affected practitioner's behalf, if the affected practitioner is not able, for such reasons as deemed appropriate by the Committee, to submit the request. The medical leave of absence is specifically requested because it is not mandatory that medical leave of absence be reported to the National Practitioner Data Bank. However, if a medical leave of absence is not requested, the impaired practitioner will have to be suspended, which then becomes a reportable event to the National Practitioner Data Bank.

Treatment and Advocacy Agreement: The practitioner will be given the choice of signing the Advocacy Agreement of the DWBF, MPHP or PHP and the choice of treatment locations by the DWBF, MPHP or PHP staff, but must obtain an evaluation by someone approved by the DWBF, MPHP or PHP staff.

Disciplinary Action: If the impaired practitioner follows the course of action outlined by the DWBF, MPHP or PHP following an intervention, no suspension of clinical privileges or any other disciplinary action shall be taken the Medical Staff. The practitioner will be placed on a medical leave of absence at his/her request and no reporting to the National Practitioner Data Bank or the appropriate licensing bureau will take place. In the event a practitioner should refuse to submit to an evaluation, and there is reasonable belief that the affected practitioner may represent danger to his/her own health or safety, or the safety of patients, the affected practitioner will be suspended from the Medical Staff of the Hospital. Reinstatement of privileges will be determined by a meeting of the Executive Committee of the Medical Staff. If indicated, reporting to the appropriate licensing bureau of the State will be done in accordance with Section 60.9 of 45 CFR Part 60-National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners. In the event that the Physician Health Committee of the Medical Staff, at any time during the process outlined in this policy and procedure, believes that the practitioner is not complying with or fails to complete the agreed program or refuses to follow the recommendation of the DWBF, MPHP or PHP, the Executive Committee of the Medical Staff will consider suspension and termination of privileges along with all required notifications mentioned above.

Long-Term Follow-Up and Return to Practice: Long-term follow-up of impaired practitioners will be done through the DWBF, MPHP or PHP in accordance with the MPHP or PHP Advocacy Agreement. The impaired practitioner must agree to sign release forms allowing the DWBF, MPHP or PHP to report compliance or non-compliance with the terms of the Advocacy Agreement to the Physician Health Committee of the Medical Staff. The impaired practitioner who has been absent from practice for 30 days or more must receive a release to return to practice from the treating professional or institution, and from the applicable recovery

program. The release to return to practice must indicate that the rehabilitation is complete and that ongoing periodic monitoring will occur and that results of the monitoring will be periodically reported to the Medical Executive Committee. Patient safety will be monitored in an ongoing manner through activities detailed in the Peer Review Policy.

**Confidentiality:** If a practitioner agrees and adheres to all of the recommendations listed in this policy and procedure, the practitioner’s identity and impairment will be made known only to the President of the Medical Staff, the Physician Health Committee, the Vice President/Chief Medical Officer, the applicable recovery program, and persons involved in the intervention process. The identity of the person reporting the potential impairment shall be kept confidential and that individual will be instructed to maintain confidentiality of the referral and the process underway to evaluate, diagnose, and treat the condition or concern. Confidentiality will be maintained except as limited by applicable law, Medical Staff or Hospital policy and procedure or other governing document, ethical obligation, or when the health and safety of a patient is threatened. Reporting to the Medical Executive Committee will occur in a blinded fashion, absent the identity of the practitioner.

**REFERENCES:**

Sagan, T., MD, JD 2015. Top 45 Medical Staff Policies and Procedures, 5<sup>th</sup> Edition. HC Pro, A division of BLR, Danvers, MA.

**Attachments:**

Appendix A



Appendix A

## Practitioner Impairment Signs and Symptoms

**Definition:** The American Medical Association defines the impaired physician as ‘one who is unable to practice medicine with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs, including alcohol.’

### Three Major Types of Impairment:

1. Dependence on alcohol and/or drugs (substance abuse)
2. Psychiatric disorders
3. Physical Illness

### Possible Warning Signs of Impairment:

- Multiple medical problems
- Self-medication
- Drunk driving charges
- Family conflict
- Unexplained absences
- Inappropriate behavior
- Change in dress
- Changes in attitude, behavior, or professional demeanor
- Long absences from the office with disruption of appointments
- Complaints by office staff or patients
- Canceling of appointments without obvious conflicts
- Change in handwriting
- Explanation of repeated absences with the same excuse
- Unusual or inappropriate orders
- Unexplained gaps in resume
- Frequent job changes
- Social isolation
- Avoidance of peers
- Excessive consultation
- Increase in ordering or prescribing mood-altering drugs
- Alcohol noted on breath while at work

### Reporting

If practitioner impairment is suspected, the VP/Chief Medical Officer or President of the Medical Staff should be contacted and will convene the Physician Health Committee as per the Impaired Practitioner Policy as soon as possible, or no later than 10 days from receipt of the report.